



AUTOMATED PAYMENT PLAN (APP)

CITY OF GRANDVIEW
207 West Second Street
Grandview, WA 98930
509-882-9201

Paying your utility bill just got a little easier. The City of Grandview is offering an Automated Payment Plan (APP) that will not only save you the cost of stamps, but give you the peace of mind that your monthly bill is paid on time. When you enroll in the plan you will receive your monthly bill as usual. On the twentieth (20th) of each month the net amount of your bill will be automatically debited from your checking account. Electronic transactions are protected by federal regulation. You may cancel the APP by contacting the City of Grandview by the 15th day of the month in which you desire to discontinue participation.

To sign up for the Automatic Payment Plan, please fill out the form below and return it to the City of Grandview along with a voided check. (If you have multiple utility accounts you wish to enroll in the APP, attach a listing of those accounts).

AUTOMATIC PAYMENT PLAN AUTHORIZATION AGREEMENT

I (we) hereby authorize the City of Grandview to automatically withdraw from my (our) bank account identified below the amount due on my (our) monthly billing statement(s) for the utility account(s) listed below. I (we) authorize the financial institution listed below to accept such withdrawals initiated by the City of Grandview. The withdrawals shall be made from my (our) bank account **on the 20th day of each month, or the next working day if the 20th falls on a weekend or holiday.**

Utility Account Number(s): _____

Customer Name(s): _____

Service Address(es): _____

Financial Institution: _____

Branch: _____ Checking Account Number: _____

Transit/Routing #: _____ (first 9 numbers of the encoded line at bottom of check)

This authorization is to remain in effect until the City of Grandview and the financial institution have received written notification from me of termination. I (we) understand that such notification must be received by the City of Grandview by the 15th day of the month in which I (we) desire to terminate participation. I am (we are) aware of my (our) right to stop payment of a withdrawal by notifying the financial institution at any time up to three (3) business days before the withdrawal date. If a withdrawal is refused by my (our) financial institution due to insufficient funds, my (our) utility account will be assessed a \$25.00 NSF fee and a ten (10) percent penalty will accrue on the 21st of the month. If a NSF is received two times during a six month period, I (we) will automatically be withdrawn from the program.

Signature(s): _____

Date: _____

Date entered: _____ by: _____

Date checked: _____ by: _____

TERMINATION

Please STOP Auto Pay on the above account(s)

Signature

Date